DEERS/Medical EIS Review Session Two Issues
3/8/99 – 3/12/99

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1. DEERS stores an enrollment fee payment date that represents the date a payment was made. DEERS also stores an enrollment paid-through date which reflects the time period for which coverage is paid. Both of these dates are sent from the entity collecting the fee payment. Decide whether contractors should use the payment date or the paid-through date to determine the reconciliation of overpayment of enrollment fees.

    Entity: TMA

    STATUS: OPEN

2. Add paid date for enrollment fees

    Entity: DEERS

    Per DEERS, DEERS stores an enrollment fee payment date that represents the date a payment was made. DEERS also stores an enrollment paid-through date which reflects the time period for which coverage is paid. Both of these dates are sent from the entity collecting the fee payment.
    Reflected in IOD v13

    STATUS: RESOLVED

3. Add an enrollment fee waiver at the individual beneficiary level and provide a list of waiver reason codes to DEERS

    Entity: TMA

    Resolution: Per DEERS, DEERS has provided the ability to apply enrollment fee waivers to individual beneficiaries. The current enrollment fee waiver reason codes are:
    *   A   Mental Health Wraparound Program
    *   B   Bosnia Special Operation
    *   C   Below 65 years of age and Medicare A and B eligible
        Reflected in IOD v13

    STATUS: RESOLVED

5. TMA: Clarify vision for DEERS role for enrollment fee management. Will DEERS become an enrollment fee management system in the future?

    Entity: TMA

    STATUS: OPEN

6. TMA: Clarify the statement that "you can enroll anywhere but you are the responsibility of the contractors where your home address is." This is inconsistent with DMIS assignment for enrollment-based capitation (EBC).

region of the enrollment. In conjunction, it would be reasonable that routine care is received within the enrollment region.

STATUS: OPEN

7. Will the 6900 series of DMIS Ids go away? It is associated with the assignment of civilian PCMs and needed for EBC. Make DMIS ID a requirement for all enrollments, including civilian network providers (e.g. 6900).

Entities: DEERS and TMA

Per DEERS, DEERS has received the requirement to track civilian PCMs. However, there is no clarification on the associated DMIS Ids for the civilian network PCMs.

STATUS: OPEN

8. Research how far into the future one can enroll. Is it 90 days or up to 120 days?

Entity: DEERS and TMA

Per DEERS, DEERS will allow an individual to enroll up to 90 days in the future if they are eligible for healthcare benefits. This is in line with the idea that retired status can be achieved within DEERS 90 days in the future. Reflected in IOD v13

STATUS: OPEN

9. Need updated zip code and DMIS/CAD table to edit addresses against. (want quarterly).
Entity: DEERS

STATUS: OPEN

10. Provide instructions for contractors on use of copayment factors in passing back information for pharmacy.
Entity: TMA

STATUS: OPEN

11. TMA: A Prime fee-paying beneficiary is allowed two enrollment transfers per year. Is it back to the same contract or back to the same region?
Entity: TMA

STATUS: OPEN

12. For split enrollments, if a sponsor requests the disenrollment for the whole family, should DEERS do disenrollment for family members in the other region, or should sponsor have to contact other region?

Entity: TMA

UPDATE 3-10-99: Per teleconference call with Col. Kathy Larkin, we will need to schedule a teleconference call including Brian Kitzmiller and Larry Fobian to discuss split enrollments more extensively.

STATUS: OPEN

13. Does DEERS need to validate NAS DRG codes (major diagnostic codes--MDCs)?

Entity: DEERS

Update 3-10-99: Per teleconference call with Col. Kathy Larkin: DEERS does not need to capture major diagnostic codes.

Per DEERS, there are only a limited number of NAS Diagnostic Codes DEERS will accept in accordance with the DD Form 1251. These NAS Diagnostic Codes supposedly correspond to the DRG codes. DEERS does not currently validate them against the DRG codes. With the X12 protocol, X12 supports the use of DRG codes.

STATUS: OPEN

14. TMA: Do all rules for PRIME apply to newborns in the first 120 days, e.g. NAS? The guidance is inconsistent.
Entity: TMA
ANSWER 3-10-99: Per teleconference call with Col. Kathy Larkin: Yes, the benefits are paid as if the baby were enrolled in PRIME. Per DEERS, if a newborn is added to DEERS (assuming eligibility), DEERS will assign the newborn a Prime copayment factor code for a 120 period. DEERS will not automatically enroll the newborn into TRICARE Prime. Reflected in IOD v13

STATUS: RESOLVED

15. When there is a change in the status of an inpatient facility to a clinic, the DMIS ID needs to be updated and communicated to DEERS, etc. –TMA, STS codes also. DEERS only allows certain facilities (DMIS) to issue an NAS and validates the DMIS are authorized to perform this function. What process is in place or needs to be developed to ensure facility status is communicated with DEERS and an NAS is issued by the appropriate entities?

Entity: TMA

STATUS: OPEN

16. Does DEERS need to store NAS issuing officials name, rank, title, and grade?

Entity: TMA

Update 3-10-99: Per teleconference call with Col. Kathy Larkin: No, this information is not necessary.

Per DEERS, this information is required on the NAS form, DD 1251. Therefore this information should be sent when the NAS is issued so it can be captured to reproduce the NAS data for DD Form 1251. Reflected in IOD v13

STATUS: OPEN

17. Research whether it is possible to consolidate OHI indicator type codes, e.g. consolidate "health" as health/inpatient/outpatient, so transactions don't have to be performed separately.

Entity: TMA

Per DEERS and Rose Layman, DEERS will not support a composite OHI indicator code.

STATUS: RESOLVED

18. Research one-to-one acknowledgement, and what happens when no acknowledgement of receipt is sent.

    Entity: DEERS

    STATUS: OPEN

19. Contractors would like cancel reason sent with cancellation of enrollment notice.

    Entity: TMA

    Per DEERS, when there is an enrollment cancellation, the reason for the cancellation is "invalid entry". This signifies the enrollment was invalid, there is no intent to replace the enrollment, and it will not be shown again in any inquiry to DEERS. Therefore when DEERS sends this form of enrollment notification, there will not be another reason.

    STATUS: RESOLVED

20. Reinstate disenrollment based on loss of eligibility (future or past?)

    Entity: DEERS

    Per DEERS, if DEERS updates enrollments because of eligibility changes, in certain situations, DEERS may also reinstate the disenrollment. IOD v13 has an example of how a series of enrollment changes over time based on the change of a retirement date. This example illustrates when and how DEERS may update enrollments and send notifications.

    STATUS: RESOLVED

21. Research family-related events (disenroll, change enrollment period)

    Entity: DEERS

    Per DEERS, DEERS has added several business events. The events include the ability to change an individual enrollment period and a family enrollment period. Disenrollments are sent for each individual. The only time a family disenrollment is performed due to failure to pay enrollment fees. Currently, DEERS does not support any other disenrollment for a family.

    DEERS has added a disenrollment reason for Involuntary, e.g. inappropriate behavior or sponsor choice.

    STATUS: RESOLVED

22. Enrollment fee scenarios:
    a.) Scenario: Catastrophic cap met for a family paying quarterly fees within enrollment year. No fee payment paid-through date for quarter, partial payment because their catastrophic cap met.
    b.) Scenario: Individual waiver, individual younger than 65 with Medicare A&B and with TRICARE:
    - Gets fee waiver
    - Has child
    - Family policy fee of $230 rather than 460;
    - cannot disenroll family member for failure to pay if waived

Investigate whether enrollment fee waiver is in policy, TSP waivers (this may be a special entitlement), mental health wraparound would be known by contractor, not by DEERS (HCC Enrollment Status Code).

Entity: DEERS

Per DEERS, DEERS has provided the ability to apply enrollment fee waivers to individual beneficiaries. The current enrollment fee waiver reason codes are:
- A   Mental Health Wraparound Program
- B   Bosnia Special Operation
- C   Below 65 years of age and Medicare A and B eligible

DEERS has also added an enrollment fee payment exception reason to be used when partial or non-payment of enrollments fees are sent to DEERS. DEERS added text to ensure that an individual with an enrollment fee waiver will not be disenrolled due to failure to pay enrollment fees. Reflected in IOD v13

STATUS: RESOLVED

23. E4 and below & their family members don't have to re-enroll; they have continuous enrollment. How does this work, since DEERS doesn't do any enrollments itself?

Entity: TMA

Currently, DEERS does not perform re-enrollments or continuous enrollments except for Active Duty sponsors

STATUS: OPEN